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OCT - 3 2019
U.S. District Court
Eastern District of MO

UNITED STATES DISTRICT COURT FOR
THE EASTERN DISTRICT OF MISSOURI
DIVISION

Madeline M. Coburn

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

v.

*Andrew M. Saul, Commissioner
Social Security Administration*

(Write the full name of each defendant. The caption must include the names of all of the parties. Fed. R. Civ. P. 10(a). Merely listing one party and writing "et al." is insufficient. Attach additional sheets if necessary.)

Complaint for a Civil Case

Case No.
(to be assigned by Clerk of
District Court)

Plaintiff requests trial by jury:

☒ Yes ☐ No

CIVIL COMPLAINT

NOTICE:

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the \$400.00 filing fee or an application to proceed without prepaying fees or costs.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Michelle Michelle Coburn</u>
Street Address	<u>8835 Lucas and Hunt Rd.</u>
City and County	<u>St. Louis County</u>
State and Zip Code	<u>Missouri 63136-2780</u>
Telephone Number	<u>(314) 546-9388</u>
E-mail Address	<u>mmscoburn1@gmail.com</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	<u>Andrew M. Saul</u>
Job or Title	<u>Commissioner</u>
Street Address	<u>4401 Security Blvd. ALTMAYER, Room 617</u>
City and County	<u>Balti. MORE</u>
State and Zip Code	<u>Maryland 21235</u>
Telephone Number	<u>(410) 965-1234</u>
E-mail Address	<u></u>

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant. If you are suing for violation of your civil rights, you must state whether you are suing each defendant in an official capacity, individual capacity, or both.)

Defendant No. 2

Name: ~~Linda~~ Kere-Davis, Regional Commissioner

Social Security Administration
Office of Regional Counsel
Richard Bolling Federal Building
601 East 12th Street Room 965
Kansas City, MO 64106-2898

Defendant No. 3

Name: Ryan M. Warrenfeltz, Sr., Senior Attorney Acting Director

Division of Fiscal Law
Social Security Office of the General Counsel
Office
6401 Security Blvd., Alt Meyer, Room 417
Baltimore, MD 21235
(410) 965-8882

Defendant No. 4

U.S. Representative, William Lacy Clay (MO 1st District)
1281 Graham Rd. Suite 202
Florissant, MO. 63031
(314) 383-5240

Defendant No. 5

Missouri Attorney General Office
Eric Schmitt, Attorney General
Supreme Court Building
207 W. High St.
P.O. Box 899
Jefferson City, MO 65102
(573) 751-3321

Defendant No. 6

Treasury Inspector General For Tax Administration (TIGTA)

Drew Palmer, Special Agent

1222 Spruce Street

St. Louis, MO 63103

Email: Drew.Palmer@tigta.treasury.gov

(314) 539-3879

Defendant No. 7

Internal Revenue Service, Tax Advocate Service

Danielle Douglass, Accountant (ID Number 0146642)

1222 Spruce Street - MS 1005 STL

Saint Louis, MO. 63103

(314) 339-1659

Email: Danielle.Douglass@irs.gov

Defendant No. 8

Carvana Group, LLC
Ernest Garcia III, CEO
1930 W. Rio Salado Pkwy
Tempe, AZ 85281
(800) 333-4554

Email:

customeradvocate@carvana.com

Defendant No. 9

Ameren Missouri
Paula N. Johnson, Attorney Bar No. 68963
Aubrey M. Krcmar, Regulatory Liaison
101 Madison St.
Jefferson City, MO 65101
(573) 681-7216

Email: akrcmar@ameren.com

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only three types of cases can be heard in federal court. Provide the information for this case. (Include all information that applies to your case)

A. Federal question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

This action seeks to end systemic violations by the Social Security Administration ("SSA") of the civil rights of Plaintiff who have suffered a hardship being declared deceased for 12 years without remedy or recourse for negligent tort. Civil Rights Violation of 1964 as amended and Title 15 USC 1492(e) for misrepresentation and misleading data for an erroneous death classified by SSA Master Death file system which is BREACHED.

B. Suit against the Federal Government, a federal official, or federal agency

List the federal officials or federal agencies involved, if any.

*Social Security Administration
Ameren Missouri
Internal Revenue Service and IRS TAs
U.S. Rep. Congressman Lacy Clay*

C. Diversity of Citizenship

These are cases in which a citizen of one State sues a citizen of another State or nation, and the amount at stake is more than \$75,000. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

1. The Plaintiff(s)

The plaintiff, (name) Madeline M. Cohen, is a citizen of the State of (name) Missouri.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

If the defendant is an individual

The defendant, (name) Ernest Garcia III, is a citizen
of the State of (name) Arizona Or is a citizen
of (foreign nation) _____.

If the defendant is a corporation

The defendant, (name) Social Security Administration
is incorporated under the laws of the State of (name)
Maryland, and has its principal place of
business in the State of (name) Washington D.C. Or
is incorporated under the laws of the State of (foreign nation)
_____, and has its principal place
of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy---the amount the plaintiff(s) claims the defendant(s) owes or the amount at stake---is more than \$75,000, not counting interest and costs of court, because (explain):

The "SSA" and the organization have admitted to Erroneous Death Filer due to Master Death Filer (BREACH). Plaintiff have suffered a hardship from 2007-2019 do to government agencies listing Plaintiff deceased with Code 29 and Code 901 from SSA and IRS on the SSN and Plaintiff legal birth name, but failed to show deceased in SSA Namdient System, per SSA letter dated 1/31/2019. SSA MDF System is faulty and outdated, based on Congress hearing with SSA on 12/2012.

2a.) The defendants, Internal Revenue Service is incorporated under the laws of the state of Washington D.C. as a corporation.

III. Statement of Claim

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information: *(See Attach)*

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

1. SSA MDF declared my SSN/Name/D.O.B. as deceased do to BREACH 2007-2019.
2. IRS declared my SSN/Name/Death of Death do to SSA MDF Breach 2007-2019
3. AMEREN Missouri Allowed 3rd Party agency to Change SSN on utility account without written expressed consent. Exhorous PII was issued do to SSN old and new SSN.
4. Plaintiff have 4 Social Security Cards 2x separate numbers do to MDF Breach between 2007-2019. (2x SSN issued)
5. Carvana Group LLC caused identity theft on SSN (old) was issued new SSN paid contract on sale of vehicle 2/19/2019 took Plaintiff personal data misrepresented and issued SSN with Title of Vehicle was never issued. Breach PII.
6. IRSTAS Accountant caused physical harm to Plaintiff prohibiting from leaving IRSTAS office and blocked right hand on door knob of office door causing harm and intimidation with rude remarks causing negligence and emotional distress do to hardship and misconduct was displayed by employee/Accountant.

IV. Relief

State briefly and precisely what damages or other relief you want from the Court. Do not make legal arguments.

Award Plaintiff reasonable Amount of Claim, as provided by Law and Order such other and further Relief as the Court deems just and proper for 12 years of false death causing hardship and economic disadvantages⁵ and job loss in career field.

Do you claim the wrongs alleged in your complaint are continuing to occur now?

Yes ☒ No ☐

Do you claim actual damages for the acts alleged in your complaint?

Yes ☒ No ☐

Do you claim punitive monetary damages?

Yes ☒ No ☐

If you indicated that you claim actual damages or punitive monetary damages, state the amounts claimed and the reasons you claim you are entitled to recover these damages.

Actual damages and punitive damages are in excess of 12,000,000.00 filed in a Administrative Tort claim SF 95. I am entitled to recover all damages do to Civil Rights and Voting Rights Violated from 2007-2019. The Master Death Files Prelim Plaintiff as Deceased. False Exonous Death from "SSA" Master Death files are still on going 2007-2019 with Code 29 and Code 901 / on home and SSN.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 03 day of October, 20 19.

Signature of Plaintiff(s) Madeline M. Gibson
Dec F-304/207 R.L.